	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)				IUMBER:			PAGE 40 / 41		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check or 21b 27	22 28a	X 23		24 28c	25 29	26 30b	
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee											
$\rangle$	NAME OF COMMITTEE (In Full) American College of Physician Services Inc										
۹.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS  Mailing Address 5429 Madison Avenue				Date	Transaction ID: SB23.4763 Date of Disbursement  O 3					
		State Zip Code CA 95841			Amou	unt of E	ach Dist	ourseme	ent this	Period	
	Purpose of Disbursement Contribution				] L.				500.	00	
	Candidate Name MIKE THOMPSON			tegory/ ype							
	Office Sought:  X House Senate President State: CA District: 01	ment For: 2006 Primary X General Other (specify)									
_	Full Name (Last, First, Middle Initial)						ID: SB		-6		
3.	NATHAN DEAL FOR CONGRESS				Date	of Disb	ursemer		YY	Y	
	Mailing Address PO BOX 902						21	L.	ž 0 ŏ (	3	
	•	State Zip Code GA 30503			Amou	unt of E	ach Dist	ourseme	ent this	Period	
	Purpose of Disbursement Contribution				L.				1000.	00	
	Candidate Name NATHAN DEAL			tegory/ ype							
	Office Sought:  X House Senate President State: GA District: 9	ment For: 2006 Primary X General Other (specify)									
<b>.</b>	Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS 2006						ID: SB:		62		
	Mailing Address Post Office Box 38585				0,3	M /	<sup>D</sup> 2 1	/ Y	ž 0 ŏ (	6 Y	
		State Zip Code TX 75238			Amou	unt of E	ach Dist	ourseme	ent this	Period	
	Purpose of Disbursement Contribution				] L.	• •			1000.	00	
	Candidate Name Category/ PETE SESSIONS Type										
	Office Sought:  X House Senate President State: TX District: 32	ment For: 2006 Primary X General Other (specify)									
SUBTOTAL of Disbursements This Page (optional)											
TOTAL This Period (last page this line number only)											
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